MODIFIED FORM PTO-1083

Inventor(s): Chien-Wei Li Serial No. 10/773,373

Filed

February 5, 2004

For

ENVIRONMENTAL AND THERMAL BARRIER COATING FOR CERAMIC COMPONENTS

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

00128

Attorney Docket No. H0001160C1-3004

Date: October <u>Z</u>, 2004

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- Supplemental Information Disclosure Statement, Supplemental Form PTO 1449 and no prior art reference(s) of non US patents and patent applications.
 - A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- \boxtimes Return Receipt Postcard
- \boxtimes No additional claim fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|---|-------|--|------------------|-----------------|---------------|----|---------------------------|---------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | ٠. | RATE | ADDIT. FEE |
| Total | *27 | minus | **29 | = 0 | x \$9 = | \$ | OR | x18 = | \$0.00 |
| Independent | *5 | minus | ***5 | = 0 | x \$44 = | \$ | OR | x88 = | = \$0.00 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +145 = | \$ | OR | +290 = | = \$0 |
| | | | | | TOTAL | · \$ | OR | TOTAI | \$0.00 |

If the entry in Col. 1 is less than the entry in Col. 2. write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 01-1125 the amount of \$_____. A copy of this transmittal letter is enclosed.

A check in the amount of \$_____ to cover the extension fee is enclosed.

A check in the amount of \$_____ to cover the additional claims is enclosed.

☑ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☑ Any patent application processing fees under 37 CFR 1.17.

Michael A. Shimokaji, Reg. No. 32,303

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Michael A. Shimokaji, Reg. No. 32,363